CL	.ASS	E	AM	END	ME	N	T	F	٥	RN	ı
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Mail or Fax a copy of this form to:	Need Assistance with completing the Form?					
Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210	SC Office of Regulatory Staff Transportation Department					
PHONE (803) 896-5100 FAX (803) 896-5199	PHONE: (803) 737-0800					
DATE: 03/14/2022						
I have the following Certificate of Public Convenie	nce and Necessity:					
Class E Household Goods #	Class E Hazardous Waste #					
Please consider this as my request for the following	ng amendment(s) to my Certificate:					
Name Change From:						
(Current Name)	(Current DBA, if Applicable)					
To: (New Name)	(New DBA, if Applicable)					
Scope of Authority						
(Current Scope)	(New Scope)					
and a formal hearing before the Public Service Commise requires additional justification and will require the pres	r household goods movers require the filing of a full application sion. Any request to expand beyond three contiguous counties sentation of a shipper witness(s) at the hearing before the PSC.					
William Sanders	Bill Sanders Moving, Inc.					
(Name)	(DBA if applicable)					
2 June Bug Lane	Williamston, SC 29697					
(Street and/or Mailing Address)	(City, State, Zip Code)					
	Owner =					
(Signature) (864) 231-0374	(Title) Owner, President, etc.					
(Telephone Number)	APR 08 2022					
	PSC SC ORS Revised 8-20-19					

1 man 2 hour minimum \$120, 1 man additional hour \$60 per hour

2 man 2 hour minimum \$250, 2 man additional hour \$125 per hour

3 man 2 hour minimum \$350, 3 man additional hour \$175 per hour

Overnight Fee \$150 (\$150 if unload starts after 12 o'clock noon)

Large Bulk Fee \$100 (Upright Piano, Gun Safe >400lbs, Sleep Number/ Mechanical Bed, Fridge)

Extra Large Bulk Fee \$200 (Baby Grand Piano, Pool Table, Hot Tub)

Stair and Distance Fee \$100 (Flight of stairs or a Distance over 150ft)

Flat Rate Mileage (Local) \$50

Flat Rate Mileage (>30 miles <60 miles)

Mileage (Over 60 miles) \$3 per mile